THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVII. THURSDAY, NOVEMBER 19, 1857. No. 16.

CASES OF CYSTICERCI IN THE POSTERIOR CHAMBER OF THE HUMAN EYE, WITH REMARKS.

[Read before the Suffolk District Medical Society, Oct. 31st, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY S. F. HAVEN, JR., M.D.

SINCE the discovery of entozoa upon the human conjunctiva, and especially since the one seen in the anterior chamber by Dr. Schott (and described by Dr. Soemmerring*), it has naturally been conjectured that they probably also exist in the posterior chamber; and it only remained for the ophthalmoscope to substantiate this belief. I have drawn up the following paper, partly from the published cases of Dr. Graefe, and partly from notes taken while abroad. The nine cases given are all those of cysticerci in the posterior part of the eye.

I. *Cysticercus on or in the Retina.*—A married woman, 28 years of age, free from superficial cysticerci, and from symptoms of a tape worm, presented herself at Dr. Graefe's clinique. Three weeks previous, she had begun to perceive before the left eye a cloud, which appeared first in the centre of vision, and then spread gradually toward the sides. At the time of examination only the glimmering of large and strongly-lighted objects in the direct axis of vision could be seen, which seemed as though viewed through a thick mist. Above and below, however, and on both sides, fingers could be counted at the distance of some feet. The ophthalmoscope showed the lens and vitreous humor to be clear; but, covering the central part of the retina, there appeared a shining greenish body, the convex circular sides of which were sharply defined upon the retina. It was so large that, with the pupil dilated, and with the instrument in close proximity, the whole extent could hardly be seen at once. As it lay somewhat outward, the distance of its inner border from the entrance of the optic nerve was about equal to the diameter of the latter. That the anterior surface of

* Mackenzie in his last edition mentions four other cases of cysticerci in the anterior chamber.

the body stood at some distance from the retina, was proved from the fact that it could be distinctly seen without a concave glass at a greater distance than it was possible to see the retina. In order to obtain a general view of this body, its inverted image was examined.* It now appeared as a perfectly round greenish bladder, of a diameter nearly four times that of the entrance to the optic nerve, and was firmly seated on the retina. The neighboring parts of the retina seemed normal. From them some fine-pointed vessels elevated themselves upon the sides of the body, though whether they ran into the walls themselves, or into a transparent membrane covering the bladder, was then uncertain. In the middle of the anterior wall a white knob-like appendix could be seen, which manifested itself both by its greater opacity and by its color. This was not stationary, but changed its position frequently, and at the same time, with the eye in a perfect state of rest, cup-like depressions in the walls of the bladder could be seen to form and disappear. Dr. Graefe tried in vain to make out different parts of the head, and to discover a neck-piece. The thing seemed, as it were, veiled, which strengthened him in the belief of an enveloping membrane.

Three weeks later, the bladder had increased about one third in diameter. The inner border had now reached the outer edge of the optic nerve, on which latter the normal distribution of vessels could be seen. The knob-like appendix or head was no longer in the centre, but close under the upper edge of the bladder, and, as it were, in the middle of a second small bladder which had grown out from the larger one. The fact that at this point the ophthalmoscopic view was much clearer, and that there was a cessation of vessels, convinced Dr. Graefe that there was an enveloping membrane which was here broken through by the further growth of the bladder-like projection. By this time not only were bunches (sucking-cups) on the side of the head to be seen, but also the previously concealed neck-piece, which was now extended and now drawn in, thus allowing the head, by a series of trunk-like motions, a great variety of positions. The patient's sight was much diminished, only a faint perception of light downward and outward remaining.

Ten weeks after the first observation, the original bladder had not greatly increased, but had lost its greenish appearance, and was more transparent. The vessels on it had mostly either entirely disappeared, or were remaining merely as faint lines. On the other hand, the second bladder had so enlarged as nearly to

* As the terms "inverted" and "uninverted images" may not be familiar to all, I would say that a simple mirror, with or without a concave lens, gives an uninverted image. With this, however, only a portion of the bottom of the eye can be seen at once. A convex lens held before the mirror gives an inverted image, which is much smaller than the other, and which allows a proportionately greater extent of surface to be seen. The inverted image is better for obtaining a general view of the bottom of the eye, and the uninverted is more convenient for examining in detail.

equal the original one, exhibited, as that one did before, a shining greenish color, was separated from it by a constriction, and covered the optic nerve entirely. The visible portion of the retina was no longer normal, but was sprinkled with irregular bluish-white spots. Vision was almost null.

Five months after the first observation, the original bladder had fallen to pieces, and only a membrane floating in folds and without form was to be seen. The contour of the second bladder was with difficulty made out, because it was covered with a similar membrane. For some time Dr. Graefe thought the worm dead, but was mistaken. The head and neck lay so far inward toward the nose, that, in order to see them, it was necessary to make the patient look strongly to the right. The bladder, between the membrane and retina, seemed to be movable. Vision was null.

At one time Dr. Graefe proposed the attempted destruction of the worm by means of a cataract needle through the sclerotica, guided by the ophthalmoscope. The appearance of degeneration in the bottom of the eye, however, prevented it. Instead of this, he tried dropping anthelmintic substances into the eye, viz., a solution of acetate of potash, and a santonin preparation. These were, however, unsuccessful, inasmuch as, eight months after the first observation, the worm was still living.

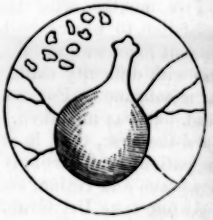
II. *Cysticercus on the Retina.*—An instructress, of pale appearance, and with a constitution not very strong, who had in childhood suffered much from ascarides, came to Dr. Graefe on account of her sight. Some months before, she first discovered some pieces of a tape worm, but no cysticerci were to be found on the surface of the body. A year previous to this, she had experienced pains in the limbs, and transient feebleness in one arm. After this, she had a weakness in both eyes (but without limitation of vision), which soon disappeared from the left one, whilst in the right a slight inflammation set in. At the same time a glimmering and mistiness came before this eye, accompanied by severe headache on the right side. Two months ago, she could not read with the right eye, and soon after ceased to recognize any one with it.

At the time of her appearance at Dr. Graefe's, only a faint perception of light was left. Externally, the eye seemed normal. The ophthalmoscope showed upon the retina a round, greenish, bladder-like body—though upward and inward it was drawn out into a cylindrical continuation—which, by the characteristic motions described in the preceding case, rendered the diagnosis of cysticercus easy. A light membranous veil seemed to soften the handsome bluish-green color. Where the cylinder joined the bladder, there was a whitish head, which appeared to be alternately stretched out from and drawn into the bladder by means of a neck-piece of variable length. How the union of the cylinder with the retina was made, could not be seen. Prolongations of vessels could neither

be seen upon the bladder nor upon the neck-portion. Spots similar to those described in the first case were found upon the bottom of the eye. Fig. 1 represents the bladder with the head drawn in, and Fig. 2 with it stretched out. The spots are given in both.

Fig 1.

Fig. 2.



A series of observations for several months showed no material changes in the size or form of the entozoon, only the color became gradually paler. On examining the eye, nine months after the first observation, Dr. Graefe found, instead of the bladder, only a colorless membrane, or rather a system of membranes, floating in the vitreous humor, and covering most of the retina. All perception of light had disappeared since the first few months. A still later examination showed that phthisis bulbi had set in. The former weakness of one arm, the severe headache, and the glimmerings and flashings of light which troubled the other eye—though nothing could be seen within it—caused Dr. Graefe to suspect the existence of entozoa within the brain; and the presence of intestinal worms also served to increase this suspicion.

III. *Cysticercus on the Retina.*—The third case of retinal cysticercus seen by Dr. Graefe was in the right eye of a strong, hearty peasant, who exhibited neither superficial cysticerci nor any symptoms of tape-worms. The bladder was adherent to the outer part of the bottom of the eye, and glimmered through a system of transparent membranes. The motions of the bladder and neck-piece were evident, but the sucking-cups were only imperfectly made out. This eye was entirely blind, while the other one remained sound. The patient was seen but once.

IV. *Cysticercus on the Retina.*—A lady, 20 years old, of a rather delicate constitution, had been as a child much troubled with epistaxis and oppressive headaches. The latter had continued up to the time of her appearance at Dr. Graefe's, with only short intermissions weekly. She had been married two and a half years, was for the first time confined fifteen months before, and at the time of her appearance, January 1st, 1855, was again five months pregnant. In August, 1854, according to the patient's account, some days after conception, she observed before the left eye a slight

veil, which covered the whole field of vision, so that she could scarcely make out medium-sized print. At the same time there set in periodical flashes of light, in the form of small circular appearances. The veil grew gradually darker, so that now little else than quantitive perception of light* remained. On examination, the left eye was found softer than the right, though no marked flatness near the recti muscles existed. The iris was discolored, the aqueous humor not quite clear, and the pupil immovable and a little dilated. The disturbed aqueous humor somewhat hindered the ophthalmoscopic examination. With the inverted image a membrane, continuous and in folds, was seen floating to and fro in the vitreous humor, not far, as it seemed, before the retina. In some places, viz., inward and downward, it appeared to be attached to the retina itself. At these points several greenish and strongly-reflecting stripes hid the bottom of the eye from view. In the upper and outer part there glimmered through the membrane a round greenish bladder, which terminated downward in a neck and head-piece. Continued observations showed undulating motions in the surface of the bladder, and contractions and extensions in the neck portion similar to those mentioned in the previous cases. With regard to the existence of tæniæ, no decided information was given by the patient. No superficial entozoa were found. This case distinguishes itself from the previous ones by the marked affection of the vitreous humor, and probably also of the inner membranes, as the iritis betokened.

V. *Cysticercus in or behind the Retina.*—Dorothea M., aged 58. Has been perfectly healthy, and has never suffered from tape worms. Says that the sight of both eyes has always been equal, though this is not to be depended upon, as she never compared them together. Eight weeks ago, after having suffered some time from rheumatic headache, she began to feel an internal pressure in the right eye. This was continued, without paroxysms, maintained its position, and was not heavy enough to prevent sleep. At the same time the patient noticed a redness in the corner of the eye. Made attentive by this, she closed the left eye, and now perceived in the middle of the right one a black spot, together with marked weakness of vision. At that time she was also troubled with muscæ volitantes, which afterward disappeared.

Externally, no disease is to be seen. The ophthalmoscope exhibits, through normal refracting media, a cysticercus bladder placed on the bottom of the eye and projecting forward, and nearly four times as large in diameter as the entrance of the optic nerve. The general appearances and movements are similar to those described in the other cases. The bladder is evidently en-

* Dr. Graefe uses the expression *quantitive* perception, in contradistinction to *qualitive*; the latter referring to the power of recognizing objects, and the former merely to the impression of light. The terms prove very convenient.

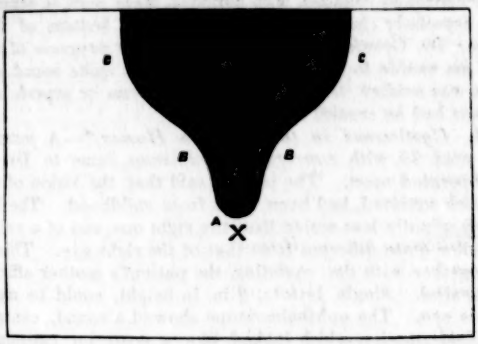
veloped in a second membrane, as is shown by the distension of the latter during the movements of the cysticercus. From all sides the retinal vessels run up on to this membrane, and especially from the inner side (where the principal vessels usually lie). The ramifications on the membrane are similar to those on the retina. It is very probable that the retina itself covers the cysticercus sac, and that the latter lies between the choroid and the retina; though, possibly, only the inner layer of the retina, with the stratum of vessels, has been pressed forward, and the entozoon has been developed in the retinal tissue itself. What speaks in favor of an origin from the choroid, is the presence of a yellow spotted, circumscribed choroidal portion, lying outward from the bladder, and slightly spread over its contour, which is connected with the choroidal portion lying under the bladder. This may, perhaps, be the result of a limited choroiditis which accompanied, as is generally the rule, the first appearance of the entozoon. The former inflammatory condition of the eye, and the intra-ocular pain, may also point in the same direction.

VI. *Cysticercus on the Retina.*—At the end of March, 1856, there came to Dr. Graefe a servant maid, aged 25, and perfectly healthy, who had observed, for from two to three months, a weakness of the right eye. Vision was now reduced almost to quantitive perception of light, it being a little clearer downward than elsewhere. She had never experienced pain or flashes of light. The left eye was quite sound. The ophthalmoscope showed an extensive granular degeneration in the central field of vision, as to the nature of which Dr. Graefe was in considerable doubt, though in some portions it bore a resemblance to that described in Case II. (see figs. 1 and 2). On the lower part of the retina, and separated from this degeneration by a healthy portion, lay a cysticercus of a diameter nearly four times that of the optic papilla. It exhibited the usual characteristics, and was firmly attached to the retina. No vessels ran over the bladder; on the other hand, one retinal vessel was plainly to be seen disappearing under the body, so that the latter could not be underneath the retina. The association of the above-mentioned degeneration with the cysticercus was highly interesting. Dr. Graefe hoped to make some further observations, but in the course of a few weeks a series of fine membranes were developed in the vitreous humor, which prevented the examinations. The patient exhibited no superficial cysticerci, had neither suffered from tæniæ nor headache, and was not pregnant.

VII. *Cysticercus behind the Retina.*—An engraver, aged 46, of pale color, but otherwise healthy, while using a lens some months before coming to Dr. Graefe, observed a circular defect in the upper and outer part of the field of vision of the right eye. This round "black" spot gradually increased, but changed its position

in such a way that, when the patient was seen, it lay directly upward, while the lower border nearly reached the centre of vision. The sharpness of sight had been gradually lost in the whole field of vision, so that the patient saw as through a veil. On testing the field of vision with a black-board,* it was found free on both sides and below, but above showed a defect which began a short distance from the centre (X Fig. 3), with a rounded end (A), con-

Fig. 3.



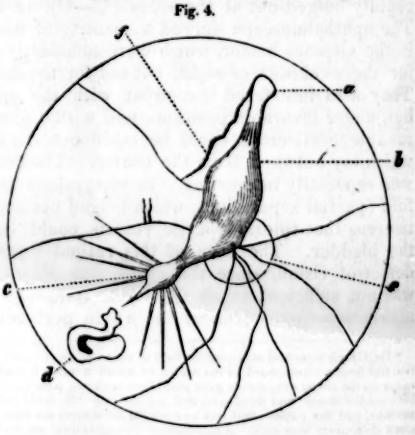
tinued for a short distance slightly increasing (B—B), and then rapidly bulged out at the sides (C—C), to a considerable size. The ophthalmoscope showed a quantity of fine membranes floating in the vitreous humor, which were sufficiently developed to account for the weakness of sight, but not for the defect above described. They also interfered somewhat with the ophthalmoscopic view, but, under favorable positions, and with a dilated pupil, an unmistakable cysticercus could be made out, the white head-portion of which lay outward from the centre. The condition of the retina was especially interesting. It was raised near the centre in a fold (partial separation), which bulged out and so covered the cysticercus that tolerably large vessels could be seen running over the bladder. The form of this retinal separation explained the defect of vision, since the cysticercus (lying partially eccentric) was not sufficient to do so. The condition of the choroid was also interesting. Almost the whole periphery of the cysticercus

* Dr. Graefe's method of testing the field of vision is as follows: The patient is placed one or two feet from a black-board, in the centre of which a cross is marked with chalk. He is told to cover up the sound eye, and to gaze steadily at the cross with the other. The chalk is then held between the thumb and forefinger, and passed over the surface of the board with short shaking motions, and the patient, with his eye always fixed upon the cross, is requested to say when the chalk disappears from sight. The points of disappearance are marked on the board, and by this means a rough outline of the field of vision is drawn. This process is repeated two, three, or more times (in proportion to the uncertainty of the vision, or the stupidity of the patient), until a correct map of the field of vision is marked out. Considerable difficulty is often experienced at first in keeping the eye fixed upon the cross, and some patience has to be exercised. The practitioner should stand so as to be able to watch the patient's eye and keep it from wandering.

bladder, but especially the inner portion (with inverted image), was surrounded by a white and tolerably broad zone, which, from its sclerotic reflection, indicated clearly an atrophied portion of the choroid. It seemed similarly atrophied under the bladder, so that the latter lay between the retina and sclerotica, or, if one wishes it, between the retina and the atrophied choroidal tissue. The borders of the atrophied portion were irregular, here and there, as it were, indented, and showed pathological pigmentation. Similar choroidal changes, with pigment, were seen in other directions, especially in the outer part of the bottom of the eye. Whether Dr. Graefe has followed the further progress of the disease, I am unable to say. The left eye was quite sound, and the patient was neither troubled with tape-worms or superficial cysticerci, nor had he cranial symptoms.

VIII. *Cysticercus in the Vitreous Humor.**—A journeyman joiner, ætat. 23, with convergent strabismus, came to Dr. Graefe to be operated upon. The patient said that the vision of the left eye, which squinted, had been weak from childhood. The left iris was only slightly less active than the right one, and of a yellowish-green color quite different from that of the right eye. This difference, together with the squinting, the patient's mother affirmed to be congenital. Single letters, $\frac{3}{4}$ in. in height, could be made out with this eye. The ophthalmoscope showed a round, central, circumscribed opacity, which looked like a posterior capsular cataract. A little behind this appeared a small bluish body, which, attached to a darker bullet-shaped bladder, seemed, with the movements of the eye, to float to and fro in the vitreous humor. An examination with the inverted image, however, placed the form and position of these parts in a different light. The opacity appeared as a shining, white, oval figure, as is shown in Fig. 4 at *d*.

Fig. 4.



* This case was reported, with a colored drawing, by Dr. Liebreich, Dr. Graefe's chief assistant.

Behind and above it an oblong, bluish gray bladder extended through almost the whole vitreous humor. The anterior pear-shaped end at *c* seemed to represent the head, the succeeding portion the neck, and the sharply-defined oval piece, the bladder of a cysticercus. A fine membrane evidently surrounded the whole worm, and was continued backward in the form of a transparent sac *(a)* which could be traced to the bottom of the eye. Besides an irregular pigmentation on the retina, as shown in the figure *(f)*, there was a marked discoloration in the papilla *(e)*, and the retinal vessels were wanting in the outer and upper part.

The movements of the body were confirmed by the different parallaxes, thereby occasioned, of the several parts of the worm as they lay behind one another. After a prolonged examination, Dr. Graefe succeeded in detecting some slight movements in the oval end of the bladder (*b*), independent of the motions of the whole body. The extension and withdrawal of the head could not be seen here as in the previous cases, owing probably to the closely enveloping membrane which was evidently stiffly distended between the lens and retina. A peculiar wrinkling, occasioned by this, manifested itself by a series of fine shining rays, diverging anteriorly from the head of the worm, which were visible only by certain turns of the retina. (The rays are somewhat exaggerated in the engraving.) The peculiar appearance of the above-mentioned opacity (*d*) led to the suspicion that it might be a calcareous cysticercus which was placed flat against the posterior capsule. The closest examination with a strong microscope failed to show any further light upon the nature of it. No data could be obtained as to when the cysticercus was probably developed, nor could the former existence of inflammatory symptoms be elicited. More than a year's observation showed no particular change in the body. Several pieces of a tænia were passed after the exhibition of an anthelmintic. No cysticerci could be felt through the skin.

IX. *Cysticercus in the Vitreous Humor.*—H. M., a boy of 10 years, was brought to Dr. Graefe on account of weakness of vision in the right eye. The right iris was somewhat discolored, but gave more the appearance of a natural than a diseased discoloration. It was also slightly inactive and dilated. An opthalmoscopic examination showed a cysticercus in the vitreous humor, so exactly like the one last mentioned that further description is hardly necessary. It is worthy of remark that the same ray-like wrinkles in the enveloping membrane were present in this case. Concerning the development of the entozoon, nothing was to be learned, since the patient had discovered his weakness of vision only a few weeks before, while experimenting with a lorgnette. The father of the child affirms that, twenty years before, he himself had passed tape-worms. The boy had had in his second year

otorrhœa, repeated impetigo capitis, many worms, and, as was said, tæniæ. An anthelmintic lately taken for tape-worms had been without result. The vision seemed to be limited more by the presence of a foreign body than by any amaurotic affection of the retina.

Remarks.—The above given cases of cysticerci in the posterior chamber of the eye, are the only ones that I have ever met with or heard of, and Dr. Graefe seems to have been more than ordinarily fortunate in discovering so many. It is a well-known fact that in Germany tape-worms are of very frequent occurrence. This is especially the case in Brunswick, where the famous Brunswick sausages are manufactured, which with many people constitute the chief article of animal food. Possibly, in those countries where tæniæ are common, no inconsiderable portion of amaurotic affections may have their origin in cysticerci.*

Cysticerci attached to the retina or behind it, prove to be much more frequent than those floating in the vitreous humor, the latter numbering only two, and the former seven. Cysticerci in the vitreous humor follow the rule of all foreign bodies, and become enveloped by a membrane. Their destructive progress seems to be remarkably slow, thus offering an important difference from those of the retina. Future experiments may perhaps bring them within reach of an operation.

With regard to the diagnosis, it is important to distinguish cysticerci from a separation and projection of the retina, which has also a rounded and bluish appearance. The existence of cysticerci may be suspected by the presence of fine floating membranes, which are to be distinguished from ordinary membranous opacities of the vitreous humor (the latter are generally of a fatty nature) by their much greater continuity. The sequelæ of cysticerci seem to be the same as those of retinal projection. When the disease has reached a certain development, there sets in a slow inflammation of the inner membranes, with separation of the retina and iris, which ends with closure of the pupil, projection of the iris against the cornea, and phthisis bulbi.

To conclude—the appearance of little round bluish spots at the bottom of the eye, like those in Cases I. and II. (Figs. 1 and 2), are regarded by Dr. Graefe as generally indicating choroidal affection, the color being occasioned by the sclerotica shining through. These spots often become united and form a larger circle. This *choroiditis disseminata* is frequently present in syphilitic and puerperal patients, and its course is much more rapid than that of the staphyloma posticum (which is an atrophy of the choroidal tissue immediately about the optic nerve). It may exist extensively without disturbing the functions of the retina.

* The identity of the cysticercus and tape-worm is well established.

EMPIRICAL ADVERTISEMENTS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The New York Observer, a religious newspaper, in the number for Oct. 1 gives utterance to the following sentiments:—

"Caught Napping.—Homer sometimes nods; we sometimes do as Homer did. In one of those moments of repose, a fortnight since, an article found its way into the Observer, among the selections, which we did not design to print without subjecting it to the pruning knife. It was credited to the London Christian Times, and contained some valuable remarks on the subject of health, which we wished to lay before our readers. The puff of the pills in the body of it was the part that we would not have printed for the weight of the pills, box and all, in gold. Indeed, we would rather have taken the pills, and the risk of being poisoned, than to have been the medium of thus unwittingly commending them. In this connection we would be disposed to censure the practice of thus insinuating puffs into the literature of the day; but as every man's eyes are his own, we have no right to complain if we are taken in. So much, at least, it is due to ourselves to say, that our readers may not suppose that we are smuggling recommendations of pills into the columns of our paper."

The disclaimer is honorable, and does vast credit to the high, manly and moral tone of the editor. The Observer is remarkable for articles of an elevated character, and has a deservedly wide circulation. The editors are Presbyterian, but the information comprised in its pages reaches all denominations. I have taken it for twenty-nine years, continuously, and on the subject of empirical pretensions and advertisements it has ever been consistent and decided—in keeping with the above quotation.

The American Presbyterian, published at Philadelphia, takes a similar ground, as you have stated in your No. of Oct. 1, under the caption "Questionable Advertisements." Our profession will give to that and the N. York Observer their hearty commendation.

The Congregationalist, published in Boston, has at this time, I believe, only one empirical advertisement to mar its surface, viz. the *Peruvian Syrup;* and the editor doubtless entrenches himself behind the very valid and high authority, "A. A. Hayes, M.D., Assayer to the State of Massachusetts." The same may be seen in at least one other *religious* weekly. Verily, the proprietors of the nostrum are blessed in having so distinguished a Levite for their priest!

The Independent, a Congregational newspaper published in New York, is before me; the date, Oct. 22. It boasts of a circulation "larger than that of any similar journal in the world." If so, its influence must be correspondingly extensive. It has for its motto, "But as we were allowed of God to be put in trust with the Gos-

pel, even so we speak, not as pleasing men, but God, which trieth our hearts." Why, then, does it not adhere to its appropriate and legitimate work—the dissemination of the Gospel? And how much, think you, can God be pleased with the falsehood and deception uttered and so widely circulated in its advertisements of some empirical medicines?

The Puritan Recorder, a Congregational weekly newspaper, published in Boston, I have had to do with before. Several years ago I called personally on one of the editors, and expostulated with him on the absurdity and immorality of some of the advertisements of patent medicines contained in the paper, and requested that my name might be stricken from the list of subscribers. Since then, I have occasionally seen the paper, and always find it polluted with the same and other mendacious notices. The number for Oct. 1 is now before me, and there are in it nine advertisements of empirical medicines, occupying a space equal to a column and a half of the paper. To mention each, and point out the arrogance, absurdity and mendacity comprised in them, would require more space than you would be willing to spare.

Dr. Mussey, of Cincinnati, once said that "he would take no religious newspaper which advertised empirical medicines," or words to the same effect. In your editorial of Oct. 1, under the head "Questionable Advertisements," you have brought the subject before us. And now let the ball be kept rolling. You have brought to our notice the error of the ***Christian Witness*** in its advocacy of charlatanry. I have reviewed some Congregational papers in relation to the same; and now let some of our brethren of other denominations show their religious presses their inconsistencies in the matter, when they are found to err; and let the subject be placed where it appropriately belongs—on the category of immoralities, of fraudulence and swindling.

It is certain that if the medical press uttered and advertised half as many religious falsities and absurdities, the clergy would "be down" hard upon it; and if the religious press proclaimed as many errors and as much sheer nonsense under the agricultural head, as they do under the medical, how much would it be ***raised*** in the estimate of our farmers?

The secular papers, too, often debase themselves and lay themselves open to censure, by the foul and flagitious notices which they publish—advertising false pretensions and unlawful measures for the special emolument of unprincipled charlatans. But it is with the religious papers that we have to do, because of the stand they profess for right and truth; and the consequent greater injury they do, when they transgress. And further, let the religious press purify itself in the matter, and the secular papers will follow—the more respectable will do so.

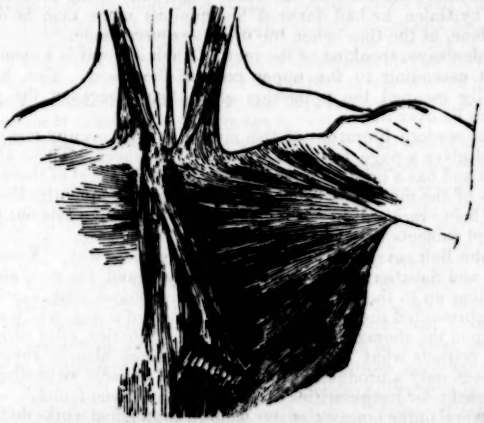
Now we none of us can object to a medical and hygienic depart-

ment in every newspaper in the land—we would rather rejoice in and assist it, if properly conducted; but, like the other departments—agricultural, mercantile, &c.—let it be under the guidance of responsible and capable men. Let it be sensible, truthful and instructive, and vast good may be done, popular errors corrected, and a better understanding created between the medical and clerical professions, and between physicians of intelligence and principle and the community at large. A. C.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Oct. 12th.—*The Rectus Sternalis Muscle.*—Dr. Hodges showed the specimen, of which he read a description, together with a brief historical sketch of the muscle, from the pen of Dr. O. W. Holmes, from whom the specimen was received. The form and situation of the muscle may be seen in the accompanying cut, from a drawing by Dr. L. M. Sargent.



"The muscle which has been called *musculus thoracicus, rectus sternalis*, or *sternalis brutorum*, is well shown in this specimen from an adult white male. It arises, tendinous, from the anterior face of the upper bone of the sternum, passes downward and outward, tendinous and adherent at its inner edge: fleshy, and connected to the parts beneath by areolar tissue, in its outer portion: widens somewhat, and is inserted by tendinous slips into the cartilages of the third, fourth and fifth ribs. It lies over the inner edge of the pectoralis major and the intercostal muscles. The little force it can exert tends to raise the ribs and favor inspiration.

"Muscular anomalies, and especially supernumerary slips, are very often met with, and attract little attention. This muscle, however, is both physiologically and historically interesting.

"Physiologically, from its seeming correspondence with the thoracic continuation of the abdominal muscles seen in some of the lower animals, especially in the simiæ. But as that prolongation is placed beneath the pectoralis major, Theile considers the muscle we are examining as related to the sterno-mastoid. The axis of the muscle before us does not coincide with that of either, unless we should consider it as continued from the sterno-mastoid of the *opposite* side.

"Historically, this muscle is interesting from the attention which has been drawn to it by the extraordinary figure given by Vesalius, and the somewhat extensive literature belonging to it.

"In the fifth plate of the second book of the great work '*De Corporis Humani Fabrica*' the recti muscles are represented as reaching to the first rib. In his first edition (*Basileæ*, 1543) Vesalius alludes to this formation as belonging to the simiæ. In the second edition (1555) he adds, 'this broad tendon and fleshy portion is the muscle which Galen calls the fifth of those moving the thorax, which is by no means so obvious in man as in caudate simiæ and in dogs. But we have delineated it for the sake of understanding Galen,' &c.

"Vesalius confesses, on the same page, that being accustomed to swear by Galen, he had favored his opinions more than he ought to have done, at the time when the drawings were made.

"Galen says, speaking of the recti, 'Their summit is a membranous tendon ascending to the upper part of the chest. This, however, naturally escaped the professors of anatomy, because the pectoral muscles lie over it.'

"The modern literature of this muscle would occupy many pages. Meckel gives a page to it, with various references. Theile also mentions it and has a brief reference to Vesalius. The first of these authors speaks of the muscle as being met with pretty frequently, the second as not being rare. I do not remember any thing like this out of many hundred subjects that I have examined.

"John Bell says, in his easy and rather careless way, 'Vesalius, Albinus, and Sabatier, were thought to have found the recti abdominis extending up to the throat. But it is now found that Vesalius had only represented the muscles of a monkey or of a dog, which are very long upon the thorax of a human subject. Sabatier, after revising his notes, retracts what he had said: and Albinus also is supposed to have seen only a production of the mastoid muscle extending down the breast: for irregularities of this kind have been found.'

"Several of the more extensive modern anatomical works do not refer to this muscle, and it may perhaps be inferred that it is not so common as Meckel and Theile seem to have found it. It is one of those anomalies which could hardly fail to attract attention."

Dr. Gay remarked that he remembered a case in which this muscle was found fully developed on both sides, in a male subject of moderate muscular development, it being continuous *superiorly* with the tendon of the *sterno mastoid*, *inferiorly* with the *rectus abdominis*, and situated along the inner border of the pectoralis.

Dr. Jackson was not inclined to regard this muscle as a portion of the rectus abdominis; first, from its being unconnected with the lat-

ter; secondly, from the difference in the direction of the fibres of the two muscles; and thirdly, from its having so tendinous an origin, while the rectus is rather fleshy than tendinous in its character.

Dr. Hodges expressed himself surprised that the existence of this muscle is not more familiar; it being alluded to in nearly all the books of anatomy, and accurately described by Sharpey and Quain.

With regard to its connection with the rectus, he quoted the opinion of Meckel, who speaks of the latter as a polygastric muscle, "this formation leading by an insensible gradation to the formation of a special, external, abnormal, sternal muscle."

He thought the existence of this muscular anomaly no more remarkable than that of other muscular slips, often found, and which are usually assigned to contiguous muscles, or are considered as analogues of certain muscles existing in the lower animals. It would seem to require no greater stretch of the imagination to find in this slip an analogy of the long rectus of brutes, than to see in the platysma myoides, which is a muscle of mastication and expression, an analogue of the panniculus carnosus. The great peculiarity in this instance would seem to be its obliquity, to which, so far as he knew, authors had not alluded.

[The account of the anomalous thoracic muscle given above, is presented to the reader as it was written for the Boston Society for Medical Improvement and laid before the members at the meeting of October 12th. Since this account has been in the hands of the Editors of this Journal, by one of those singular coincidences which often attract the attention of scientific observers, the muscle in question has seen fit to make itself notoriously prominent.

In the *Virginia Medical Journal* for November, is an article entitled, "Respiratory Muscle. Observed by Powhatan Jordan, M.D., of Washington, D. C.," accompanied by a figure representing it, and designating it as "Jordan's Muscle." It is described as "a very beautiful triangularly shaped muscle, arising from fifth costal cartilage of the side, by a triangular fleshy belly, becoming tendinous about two inches from its origin, passing upward obliquely across the sternum, and inserting by a long, fine, bright, silvery tendon into the tendon of the sterno-mastoideus of the left side, or rather, in common with that muscle, into the left superior portion of the sternum."—It had no fellow. The same gentleman met with a pair of muscles of similar general character in a subsequent dissection. The numerous professors who held an inquest over this myological phenomenon, tumbled over the leaves of "Sharpey, Harrison, Horner, Wilson, Bichat, Cruveilhier," and other anatomical authors, without finding any mention of it. An editorial note in the same journal, however, mentions a brief reference to a sternal prolongation of the rectus, in Cruveilhier's Anatomy.

In the mean time, since my note was in the Editor's hands, Mr. Nichols, a student of Prof. Jeffries Wyman, has met with a well-marked case of this muscular anomaly, of which he promises to read a description at the meeting of the Boylston Medical Society.

I had contented myself with little more than references to some of the leading authorities, and feel unwilling to take up more time with this foolish little muscle, which is good for nothing in a practical point of view except to teach professors and editors to be circumspect in pro-

claiming novelties, and to add a shelf to their libraries. Meckel's account (to be found with the description of the pectoralis major), is so complete, and his work is supposed to be so well known every where in the original, or in Jourdain's translation, or our own Dr. Doane's English version, that the idea of naming the venerable anomaly after any individual of the recent geological formations, is as if one should call the *equus caballus* Mr. Smith's animal, or the *bos taurus* Mr. Brown's quadruped. We are willing, however, to attribute the indiscreet naming of the muscle to the engraver, and not to the observer or his scientific friends, for it is simply called "respiratory muscle" in the text.

Those who are not tired of the matter may look at the fifth and sixth plates of Vesalius's second book for another of his Galenic muscles (X. *Tertius thoracem moventium*, fifth plate, and Γ. sixth plate). These old figures are suggestive, but probably wholly imaginary.

The figure accompanying my paper owes something to the artist's imagination, as he had only half of the sternum to draw it from. This bone had been sawed and the muscles of the neck partially removed when the muscle was described. It should have been added in the description that its tendon was continuous inferiorly with the sheath of the rectus, and that a mere trace of a corresponding muscle existed on the other side in the shape of a few longitudinal fibres.]

O. W. H.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 19, 1857.

PLAGIARISM.

In a recent number we quoted part of a letter from Mr. Hogg, author of a work on the Microscope, in which he shows that certain allegations made by the *North American Medico-Chirurgical Review*, to the effect that he had quoted largely from Dr. Wythe without acknowledgment, were not only destitute of foundation, but that Dr. Wythe himself had copied whole pages from two English works, without intimating that he was indebted to any one for them. A correspondent calls our attention to another instance of plagiarism on the part of Dr. Wythe, scarcely less remarkable, in the following communication.

Messrs. Editors,—In the July number of the *North American Medico-Chirurgical Review*, the writer makes use of the following language, introductory to a conclusive *expose* of certain "Hogg-ish proceedings:"—"Our Transatlantic neighbors have so often indulged in whining complaints of the appropriation of their literary labors by others, that it has become a sort of stereotyped criticism upon American publications, no matter how faithfully they may have given credit to their cotemporaries, when occasion required a reference to their productions." Your readers have now abundant reasons to suppose the boot to be on the right foot after all. But I wish to call attention more particularly at this time to "The Physician's Pocket Dose and Symptom Book," to see how far this charge of "whining complaints" may be justified in fact. At least one month prior to the issue of the review of the Dose Book, the Editors of the aforesaid Journal were advised concerning the nature of its contents. Yet in a companion article to the severe castigation which Mr. Hogg received, with other flattering commendations, we have

the following:—"Dr. Wythe, who is favorably known as the author of several small works of merit, has performed his task well. He possesses the faculty of condensation in a remarkable degree, and his little work does not contain one ambiguous expression." Now this may be a just tribute to Dr. W., but certainly we can draw no such inferences from his "Dose Book." His "Rules to proportion the doses of medicine," save Dr. Young's rule, are taken *verbatim*, from A. T. Thomson's "Conspectus." His "Alphabetical list of Medicines, with their uses and doses, etc." with "Dietetic Preparations," occupying pages 20 to 178 inclusive, is entirely copied from the "*Conspectus*," and the whole without acknowledgment. The "Classification of the Materia Medica," consisting of a synoptical view of Headland's arrangement, is acknowledged. What other "whining" "Transatlantic neighbors" anticipated the doctor in writing his "table of symptomatology," and "Outlines of General Pathology and Therapeutics," my library does not inform me. Hence, I have no disposition to dispute Dr. Wythe's claims to have used his own language for at least 35 or 40 pages. But if he can find any words or sentences in the before-mentioned portions of 160 pages of the work, which should have been accredited to Thomson, that do not occur *verbatim* in Lee's edition of the Conspectus, he would further enhance his reputation of originality by giving them immediate publicity. Whatever we may think of the position of the *Review* regarding Foreign Medical Literature, there is now no reason to doubt its devoted attachment to the American variety.

Yours, very truly,

W. A. P.

The Editors of the *Review* are either singularly oblivious, or else are most easily imposed upon. In the March number of their journal they printed as original, a paper, purporting to be written by "Thomas Graham, M.D., F.R.S.C., &c., late of Sydney, Australia," on the subject of Strabismus, which proved to be a communication from Mr. Critchett, already printed in the London Lancet. The editors of the *Review* have before now accused us of undue partiality for English medical literature, to the neglect of our own. We deny the justice of this charge. We have always been eager to do honor to the *original* authors of our country, among whom we are proud to reckon the senior editor of the *Review*; but we must be allowed to express our contempt for the crowd of filibustering writers who live by appropriating, without acknowledgment, not only the discoveries and thoughts of others, but even their very words.

VISITORS *versus* HEALTH.

A HIGHLY esteemed clerical friend, who resides near this city, referring to our late article upon the hygiene of dress, &c., suggests to us a very important matter for consideration, and one which has often occurred to us, because we have personally been sufferers in the same manner. The inconsiderateness of persons who call for advice, or merely in a friendly way, in keeping one at the door, exposed to unceremonious breezes, which fairly riddle the frame of the host, while the visitors, wrapped in warm garments, have apparently no suspicion of the downright physical injury they are inflicting upon him, is the crying evil we would inveigh against. It is a *thoughtless* act, but all such acts become discourteous and selfish, when looked at in the light of their *results*. We do not hesitate to say, that no true gentleman or lady will ever be guilty of such an infliction upon a friend; and those who are exposed to the abuse, should resolutely decline immolation upon the altar of a forced and *quasi* politeness. They should say, "my friend, if you *are* my friend, pray come in again, and stand within the porch, or sit in the parlor, if you have forgotten anything *impor-*

tant which you had to say; but don't expose me to bronchitis, rheumatism, neuralgia, *et id omne*, standing thus in my *house-gear*, to hear you prate from the midst of your furs, shawls, wrappers, &c.; it is really '*too bad!*'"

A little reflection upon this matter, will surely soon rectify the abuse; for one, *we* mean to rebel lustily against being sacrificed in this truculent fashion. Hear our correspondent:—"I sincerely wish you could diffuse your ideas about the hygiene of winter days, and make people see their practical wisdom. I would be glad if you will extend your remarks to the hygiene of morning and other *calls*. I refer to the custom of calling at the door frequently—at mine at least—summoning me there, on some cold, blustering, raw days—the east wind blowing great guns—when, emerging out of a warm room, the callers wrapped in cloaks and furs, I with nothing on except my ordinary house attire—yet I must stand, first for them *to say a few words* (italics our own), which takes about half an hour," &c.

We need add nothing to the vivid, and somewhat *chilling* picture above given. We shiver, by reminiscence, whilst we look at it. Such visitors should be either dismissed at once, on the ground of being health destroyers—and the reason stated to them—or, if "affection hold them dear," erring though they be, they should, as before intimated, be invited in-doors again, to complete their communications, unexposed and unexposing to Jack Frost, east wind, rain, hail and snow. If they *will not* come in, they should be desired to wait outside (the door being shut in their faces), until the occupant of the house can don his fear-nought coat, fur cap, boots, galoshes and mittens—then, and "not till then," let him "meet the enemy."—Such enemies are "ours," as well as our friend's—let these atrocities be suppressed!

Finally, we would state our belief that clergymen and physicians are *peculiarly* exposed to the dangerous risks above described: their door-bells being illustrations of "perpetual motion," if not in the way of summoning them to render professional aid, yet to answer the calls of charity.

APPLICATION OF CAUSTIC POTASH TO THE INTERIOR OF THE UTERUS. NOTE FROM DR. H. R. STORER.

Messrs. Editors,—You will permit me to call attention to the very interesting case read before the Society for Medical Improvement by Dr. Jones, of Martha's Vineyard, and published in your last issue, and to its bearing upon a discussion some time since at the Suffolk District Medical Society, as reported in your Journal for July 24th, 1856.

It may be recollected that after relating a case of successful operation for unpediculated, intra-uterine fibrous tumor, removed by excision, I proposed the local application of caustic potash in case the disease returned. This operation, so far as I know, had then never been performed. "The Secretary," it may be recollected, "could not forbear to express his astonishment at this extraordinary proposition." (See this Journal, Vol. LIV., No. 25, p. 500.)

The operation of Dr. Jones probably relieves me from the imputation then cast. Yours sincerely, H. R. S.

7 *Chester Street, Nov. 13th*, 1856.

"Dr. Ayer," of Lowell.—We are requested to publish the following statement, and would quote from the circular referred to, in order to anticipate inquiries which might otherwise be made, that "Dr. Ayer does not wish to be mistaken for J. C. Ayer, of Lowell," the proprietor of certain cathartic pills. He claims to be "a graduate of Harvard Medical University"; this may be true, but as he does not give his whole name, we have no means of ascertaining the fact, and we are strongly inclined to doubt it.

"Dr. Ayer," of Lowell, who advertises as being now on "his annual tour of the United States," and is at this present time in Bangor, Me., having in one of his hand-bills referred to the undersigned, they would hereby state that they know nothing of such a person, and have never given him permission to use their names. JACOB BIGELOW, WINSLOW LEWIS, WALTER CHANNING, F. S. AINSWORTH, CHARLES T. JACKSON, C. H. STEDMAN, AUG. A. HAYES, J. B. S. JACKSON, IRA WARREN—(know something of Dr. Ayer, but have not given him permission to use my name.)

Mortality after Operations in Paris.—Dr. Wm. A. McPheeters, of Natchez, in a letter to Dr. Cartwright, from Paris, published in the *New Orleans Medical Journal*, says, that in the Parisian Hospitals, it is the exception rather than the rule, for a patient to recover after an amputation of the leg. At first he was inclined to attribute this result to the enfeebled condition of hospital patients: but M. Nelaton, in a lecture on this subject, says that equally fatal results occur in private practice. Nelaton accounts for the great mortality by some peculiarity in the atmosphere of Paris, which produces purulent absorption, for in the provinces of France similar operations are performed with much better results.—*Virginia Medical Journal.*

Health of the City.—The chief causes of mortality during the past week, besides consumption, were scarlatina and pneumonia, each of which caused 7 deaths. To "convulsions," "croup" and "disease of the heart" are assigned 4 deaths each. There was but one death from typhoid fever. The number of deaths for the corresponding week of 1856 was 79, of which 19 were from consumption, 6 from scarlatina, 3 from pneumonia and 2 from disease of the heart.

Communications Received.—Imperforate Rectum.—Function of the Descending Bowel.—Foreign Body in the Œsophagus.

Books and Pamphlets received.—Medical Students' Vade Mecum.—Smith's Domestic Medicine.—Report on Infant Mortality in Large Cities, &c., by D. Meredith Reese, M.D., &c.—Exsection of the entire Os Calcis, by J. M. Carnochan, M.D.—Report on the Medico-Legal Duties of Coroners, by Alexander J. Semmes, M.D., &c.—Compendium of Domestic Medicine, &c., by Francis Gurney Smith, M.D., &c. Second edition. (From the publishers.)—Human Histology in its relations to Descriptive Anatomy, Physiology and Pathology, by E. R. Peaslee, M.D., &c. (From the publishers.)

MARRIED.—In this city, Oct. 28th, George B. Parks, M.D., to Miss Ellen M. Parsons, all of Boston.—In New York city, Oct. 29th, Robert Stewart, M.D., to Miss Anna L. Beebe, all of New York.—In New Sharon, Me., Nov. 12th, J. Frank Pratt, M.D., to Miss Annie W. Currier both of N. S.

DIED.—In Bucksport, Me., Nov. 3, Dr. Jotham Moulton, 87.—In Williamsburg, Mass., Daniel Collins, M.D., 76.

Deaths in Boston for the week ending Saturday noon, November 14th, 73. Males, 38—Females, 35.—Accident, 1—apoplexy, 2—inflammation of the bowels, 1—bronchitis, 2—congestion of the brain, 1—consumption, 18—convulsions, 4—cholera infantum, 1—cholera, 1—croup, 4—diarrhœa, 1—dropsy in the head, 1—drowned, 1—debility, 2—infantile diseases, 1—puerperal, 1—typhoid fever, 1—scarlet fever, 7—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 7—congestion of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 1—teething, 3—unknown, 1—whooping cough, 1.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 18—between 40 and 60 years, 11—above 60 years, 7. Born in the United States, 51—Ireland, 15—other places, 7.

Massachusetts Eye and Ear Infirmary.—By the Treasurer's report of this Institution, it appears that the expenses have been, for the past year, $4,437 84. The whole number of patients for the year has been 2,158: viz., males, 1,111; females, 1,057. Patients with disease of the eyes, 1,736; of the ear, 322, of whom 115 have been boarders in the Infirmary. Fifty-six important operations have been performed during the year.

Since the commencement of the Eye Infirmary, more than thirty thousand patients have applied, and in the last few years the annual average has been two thousand. A little more than half this number is from the city proper; many are from the suburbs, and from distances varying from a few miles to many hundred miles.

The following officers have been chosen for the ensuing year: President, S. D. Townsend; Treasurer, J. W. Edmands; Managers, Henry Rice, Edward Reynolds, Moses Grant, T. H. Wolcott, G. H. Shaw, J. A. Blanchard, Chas. H. Mills, James Lawrence, Charles R. Codman. Secretary, Theodore Frothingham.

Cancer of the Lip in a Woman.—About a week ago, a case of large cancerous ulcer on the lower lip of a woman was operated on at the Metropolitan Free Hospital. The patient was eighty-one years old, but tolerably vigorous. She had for years been accustomed to smoke, and had held her pipe on the side that had now become affected. There was no hereditary history of malignant diseases. It had existed for about six months, and had involved half the lip. It had been very painful. The V-shaped incision was practised, and the wound healed well. Mr. Hutchinson adverted to the great rarity of cancer of the lip in women, and stated his belief that it was due almost solely to the comparatively small extent to which smoking prevailed amongst them. Still it was by no means infrequent to meet with cancer of the lip in men who had not smoked. In this instance, as in one or two others which he had examined, the structure under the microscope showed a much less abundance both of epithelial and of the compound cells than are usually met with in similar ulcers from the lips of men. Indeed, in some parts the ulcer seemed rather of the rodent character than of the true epithelial; yet before excision nothing could have been better characterised than the condition of the sore, and, indeed, with the microscope, some, though but few, of the elements of undoubted cancer were seen. Mr. Paget, we believe, has made a similar observation.—*London Lancet.*

Morals of the Viennese.—From the "Times and Gazette," we learn that, by the statistics published under the auspices of the Common Council Bureau of Vienna, the number of illegitimate births in that city has almost equalled the number of legitimate births during the four years from 1852 to 1856. The following are the figures on the subject: 1853, legitimate births, 11,264; illegitimate, 10,686. 1854, legitimate births, 11,252; illegitimate, 10,801. 1855, legitimate births, 10,650; illegitimate, 9,522. 1856, legitimate births, 10,870; illegitimate, 10,311. —*N. A. Med. Chirurg. Review.*

Laurel Hill Cemetery.—During a recent visit to this beautiful city of the dead, we had an opportunity of seeing the monument which has been erected by the "Philadelphia Contributors," in memory of the physicians, druggists and nurses of this city who volunteered to aid the sufferers by yellow fever at Norfolk and Portsmouth, Virginia, in 1855, and died in the discharge of their duties—*martyrs to the cause of humanity.* It is a beautiful column of white marble, about twenty-five feet high, with appropriate devices and inscriptions, and comprises the names of Drs. Thomas Craycroft, Courtlen Cole, and Herman Kierson, with that of Edmund Barrett, Student of Medicine.—*Ibid.*

Drs. Gibson and Mutter.—These Ex-Professors of Surgery, it appears from a correspondent of the New York Journal, are at Rome. They design sojourning there the coming winter. Is is also stated that Dr. F. W. Sargent, of Philadelphia, had arrived there, to reside and practise his profession. Who can but admire the taste that has led these savans to the classic spots of the old world — Rome, the city of a civilization that lasted for twelve hundred years, the city of a people who were at peace profound with all the world for two hundred years—who could resist the temptation to live for a time within her borders?—*Ohio Med. & Surg. Jour.*